


Eligibility Verification


1. Online, through the Montana Access to Health (MATH) Web Portal
2. Integrated Voice Response (IVR) 1-800-714-0060
3. FaxBack 1-800-714-0075
4. Medifax Swipe Card Technology
5. Provider Relations 1-800-624-3958

Montana Access to Health (MATH) Web Portal

- From Provider Information web page
www.mtmedicaid.org
- Created by Xerox in conjunction with DPHHS
- Montana Health Care Programs-related information
- Active providers
- Secure website



Montana's Official State Website



DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Montana Access to Health Web Portal

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MT DPHHS

Montana Access to Health Web Portal Home Page

Navigate to any of the functions in the Web portal by clicking the following links or by using the top navigation bar. For information about each function, click the corresponding column header. Click on 'My Profile,' located in the 'My Access' section, to display your current Montana Access to Health Web Portal profile. You will be able to perform only those tasks allowed by the user privileges assigned to you.

Site Contents

Inquiries	Submissions	Retrievals	Manage Users	My Access
Eligibility	Upload Files	View/Download Files	Add New User to Organization	My Profile
Claim Status		View eISOR Reports	Add Existing User to Organization	Change Organization
Provider Payment Summary		My Inbox	Update or Remove Users/Reset Password	Change Password
Claims-based Medical History			Manage Submitter IDs	Manage Proxies
Electronic Health Record				
Ask Provider Relations				
Provider Locator				

ATTENTION PROVIDERS: The Electronic Health Record link has been added to allow you to view your patients' claims medical history. If you need this access and do not have it, please contact your office administrator. E-prescribing is now available. Please contact your office administrator to add prescribing rights to your user account.

You've logged into the organization displayed under the navigation bar on the right. This organization will be used to determine the Provider Number and Submitter IDs you can use for your transactions (i.e., Inquiries, Submissions and Retrievals). To change this organization, click 'Change Organization' and follow the instructions.



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MT DPHHS

Eligibility Inquiry

To submit an Eligibility Inquiry on a specific client, select a Provider Number, enter a Date of Service, complete one of the following criteria sets and click 'Submit.' If your inquiry returns more than one client, you will be asked to check your information and/or enter a different set of information.

* denotes required field(s)

* NPI or Provider Number:

1110928

* Date of Service:

mm

dd

ccyy

02

15

2011

* Client Information:

Client ID: 123456789

or

Last Name:

First Name:

M.I.:

Date of Birth:

mm

dd

ccyy

Submit

Clear Fields

Note:

- The Eligibility Response will not indicate retroactive eligibility.



Montana Access to Health Web Portal

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MONTANA MEDICAID TEST1

Eligibility Inquiry Confirmation

If this is the client you wish to inquire on, click 'View Client Eligibility.'

Client Original ID: 123456789
Name: John Doe
Date of Birth: 01/01/1980
Gender Code: M: Male

[Back to Eligibility Inquiry](#)[View Client Eligibility](#)For assistance, visit [Help](#) or contact the Montana Access to Health Web Portal Help Center at 1-800-624-3958.

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Build Version: prod-003.2 2006.02.16 - 85

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MT Web Portal -Eligibility Inquiry Response - Windows Internet Explorer

https://mtaccesstohealth.acs-shc.com/mt/secure/eligibilityInquirySubmit.do

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MT Web Portal -Eligibility Inquiry Response

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mt.gov

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MT DPHHS

Eligibility Inquiry Response



Client Demographic Information

Client Original ID :

123456789

Client Current ID :

001111111

Client Member ID :

1111111

Name :

John Doe

Address :

123 Main St

Waterside

City :

County

25

Code :

MT

State :

599990000

Zip Code :

01/01/1980

Date of Birth :

M: Male

Gender Code :

NPI or Provider ID :

1234567899

Date of Service :

02/15/2011

Valid Request Indicator :

Reject Reason Code :

Follow-up Action Code :

Date of Death :

Trace Number :

21000000010000000T

Eligibility Spans

About HMK/HMKPlus

Service Type Code	Insurance Type Code	Payer Name	Plan Coverage Description	Eligibility Effective Date	Eligibility End Date
30: Health Benefit Plan Coverage	MC: Medicaid	Medicaid/HMKPlus	Full Coverage	09/01/2005	02/28/2011

Managed Care Information

Plan Coverage Description	Plan/PCP Name	Plan/PCP Phone Number	Begin Date	End Date
PASSPORT Provider	ST PETERS MEDICAL OFFICE BLDING	4064574180	04/01/2009	03/31/2011

Information Source Data

Integrated Voice Response

- 1-800-714-0060
- Verbal verification
- Press 1 to search by client SSN
- Press 2 to search by client card number
- Access one client at a time
 - Multiple clients within phone call

FaxBack

- 1-800-714-0075
- Response within 10 minutes
- Paper verification
- TPL information located on page 2

Provider Services Phone: 1-800-624-3958
Total Pages Transmitted: 2
To: ACS
Provider ID/NPI: 1110889
Provider Phone: 0000000000
Provider Fax: 4064422819

Client ID:		Date of Birth:	01272004
Date of Service:	07192012	Card Control Number:	1111232

Audit No.:	201220111373313FM	Client Name:	DOE, JOHN
Mcaid/HMKPlus:	Y		
Client Gender:	M	Card Control Number:	1111232
Date of Death:	00000000	Date of Birth:	01272004
Original ID:		Current ID:	111331111
HMK/CHIP:	N		
Medicare #:	0000000000	Part-A/B:	N/N
No. of TPLs:	01	Nursing-Home:	N
Incurment Day:		Waiver:	N

The child is eligible for Healthy Montana Kids Plus. Is not eligible for the Medicare Savings Program. The client is not responsible for an incurment amount. The client is on Passport to Health. The client has third party insurance coverage.

Phone #:

Current Third Party Liability (TPL) Coverage

Carrier Name:	PREMERA BC	Carrier Code:	K85
Address:	P O BOX 91059 SEATTLE, WA 98111-9159		
Begin Date:	20110401	End Date:	20991231
Policy #:	311113111	Group #:	9002235
Subscriber Name:	DOE	Subscriber Initial:	R
Subscriber SSN:			

Medifax Services

Swipe technology – magnetic strip reader

- Available 24/7
- Paper documentation
- Batch capability
- Fee for service

Provider Relations

- 1-800-624-3958 or 1-406-442-1837
- Hours 8 a.m. – 5 p.m. Mountain Time
- Monday through Friday

Types of Coverage

- Full and Basic Medicaid
- Healthy Montana Kids/Healthy Montana Kids *Plus*
- Mental Health Services Plan (MHSP)
- Third Party Liability (TPL)
- Qualified Medicare Beneficiaries
- Specified Low-Income Medicare Beneficiaries
- Qualifying Individual
- Passport
- PRTF

Other Things to Verify

Coverage of Codes

- Fee
 - Found at www.mtmedicaid.org
 - Resources by Provider Type
 - What you will see

Questions?